



Natural Public Swimming Area
Application for Annual Permit to Operate
Compliance Assurance Division

BUREAU OF WATER

***PLEASE TYPE OR PRINT CLEARLY**

FACILITY NAME:

PERMIT NUMBER:

Section 1. Contact Information

OWNER INFORMATION:

ON-SITE INFORMATION:

OWNER NAME:

PRIMARY CONTACT:

ADDRESS:

ADDRESS:

CITY, STATE, ZIP:

CITY, STATE, ZIP:

PHONE NUMBER:

PHONE NUMBER:

FAX NUMBER:

FAX NUMBER:

EMAIL:

EMAIL:

Section 2. Facility Information

DO YOU INTEND TO OPERATE THIS YEAR? (check one) YES NO IF YES, DATE YOU PLAN TO OPEN:

WOULD YOU LIKE DHEC STAFF TO PERFORM A PRE-SEASON INSPECTION? (check one) YES NO

ARE THERE SUITABLE RESTROOMS WITHIN 200 FEET OF THE SWIMMING AREA? (check one) YES NO

***PLEASE NOTE THAT RESTROOMS MUST BE OPEN DURING HOURS OF OPERATION.**

HOW HAVE YOU DELINEATED YOUR SWIMMING AREA? (check one) ROPES BUOYS OTHER: _____

DO YOU PLAN TO USE LIFEGUARDS? (check one) YES NO

***PLEASE NOTE THAT IF YOU DO NOT PLAN TO USE LIFEGUARDS, PERMANENT SIGN(S) MUST BE POSTED AT THE ENTRANCES TO THE SWIMMING AREA AND STATE AS A MINIMUM "NO LIFEGUARDS ARE ON DUTY AT THIS SWIMMING AREA".**

PLEASE GIVE DETAILED DIRECTIONS TO YOUR FACILITY:

USE THIS AREA TO SKETCH A MAP IF YOU WISH (ATTACH ADDITIONAL PAGES IF NECESSARY)

Signature of Sender:

Date:

****THIS AREA FOR DEPARTMENT USE ONLY****

Bacteriological Sample Results (circle one) PASS FAIL (date of sampling: _____)

Permit Issued? (circle one) YES NO if yes, date issued: _____

Department Signature: _____ Date: _____

Purpose: This form is to be used by owners and/or operators of natural public swimming areas. The form should be filled out annually and lets the Department know whether or not the facility intends to operate for the upcoming swimming season.

This application must be submitted to the following address:

SC DHEC
2600 Bull St.
Columbia, SC 29201

ITEM BY ITEM INSTRUCTIONS FOR COMPLETING THIS FORM:

Enter the facility name in the first space. Enter the permit number in the space to the right.

SECTION 1. CONTACT INFORMATION:

In the left column of section 1, enter the owner's information including: name of owner, address, city, state, zip, phone number, fax number and email address.

In the right column of section 1, enter the on-site information including: primary contact name, address, city, state, zip, phone number, fax number and email address.

SECTION 2. FACILITY INFORMATION:

Circle yes or no to indicate whether the facility will be operated this year. If the answer is yes, indicate the anticipated opening date.

Circle yes or no to indicate whether you would like district staff to perform a pre-season inspection.

Circle yes or no to indicate if there are suitable restrooms within 200 feet of the bathing area.

Indicate how the swimming area is delineated. Circle ropes, buoys, or other according to the method your facility is using. If other is selected, please write in the space provided what method of delineation you plan to use.

Please write directions to your facility.

Please draw or sketch a simple map to your facility in order to assist our staff in finding your natural swimming area.

Sign and date the application.

Office Mechanics and Filing: This form should be filed in the Recreational Waters File Room according to the facility permit number.